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Borough of Tameaton.

Annual Report
of the
Medical Officer of Health
for 1923.


K. E. TAPPER, O.B.E., M.B., C.H.B., D.P.H.,
Medical Officer of Health.

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MEMBERS OF THE HEALTH COMMITTEE, 1923.

—————:O:—————

His Worship the Mayor ... Alderman R. W. SWINNERTON,
J.P., M.B.E.

—————

Chairman Alderman T. HORTON, J.P.
Vice-Chairman Councillor L. E. PRICE.

—————:O:—————

Alderman W French J.P. **MEMBERS :**

Alderman J. RANDLE, J.P.	Councillor F. MARRIOTT.
Councillor C. T. EARP.	„ W. MATTHEWS.
„ G. H. BAILEY.	„ F. P. PEMBLETON.
„ W. COOPER.	„ H. ROBOTTOM.
„ W. CROSHAW.	„ A. ROBERTS.
„ B. DAFFERN.	„ R. WORTHINGTON.
„ T. DAFFERN.	

—————:O:—————

Co-opted Members—Maternity and Child Welfare.

The MAYORESS.	Mrs. C. T. EARP.
Mrs. J. KNOX.	Mrs. H. C. JONES.
Mrs. W. FRENCH.	

STAFF OF HEALTH DEPARTMENT.

(as on December 31st, 1923).



Medical Officer of Health, School Medical Officer, and Superintendent of Isolation Hospital :—

†K. E. TAPPER, O.B.E., M.B., C.H.B., D.P.H.

Deputy Medical Officer of Health and Deputy Medical Superintendent of Isolation Hospital :—

†A. A. WOOD, M.D., C.H.B.

Chief Sanitary Inspector, etc. :—

†G. W. ANDREW, C.R.S.I.

Additional Sanitary Inspector, etc. :—

†F. W. MORTIMER, C.R.S.I.

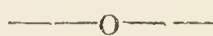
Pupil :—

H. LENTON.

Clerks :—

Miss W. WOOD.

Miss I. BIGGS.



Health Visitors ; Maternity and Child Welfare :—

††Mrs. G. N. ABBOTT, C.M.B. ††Miss E. DAY, C.M.B.

†Miss E. K. DEARN, C.M.B.

Isolation Hospital Matron :—

††Miss N. WILLIAMS, R.R.C.

Infectious Disease Nurse :—

‡Miss SYMONDS.

‡ General Hospital Training Certificates.

† Salaries contributed to by Exchequer grants.

BOROUGH OF NUNEATON.

—:O:—

HEALTH DEPARTMENT,
NEWDEGATE PLACE,
NUNEATON.

April, 1924.

**To the Chairman and Members of the Health Committee of the
Borough of Nuneaton.**

Gentlemen,

I have the honour to submit the Annual Report upon the Health of the Borough during the year 1923. This is my second Annual Report as your Medical Officer of Health and follows the lines prescribed by the Ministry of Health.

The report will show that, in spite of limitation of the Council's exchequer, there has been some extension of activities, and it will, I believe, prove that the expenditure on the preventive work carried out by the Committee is being justified by the results.

I am happy to report that 1923 returns the lowest Death-rate on record, the lowest number of deaths of infants under one year of age, and a marked improvement on the incidence of infectious diseases.

The continued and gradual improvement in the environmental conditions has been maintained, but much remains to be done if we are to combat the fact that town dwellers age more rapidly than those who live in rural districts.

I would draw the Committee's special attention to the loyal support so freely and willingly given me by each member of the staff.

On behalf of the Department I would extend to the Committee our appreciation of their sympathy and interest in the preventive medical service, and especially to Alderman Horton, who has now been Chairman of the Health Committee for 24 consecutive years.

I am, Gentlemen,

Your obedient Servant,

K. E. TAPPER,

Medical Officer of Health

GENERAL CIRCUMSTANCES.

Area	10,596
Population	44,030
Inhabited Houses (Census 1921)	8,431
Separate Occupiers (Census 1921)	7,843
Rateable Value	£165,803
Penny Rate	£580
Rate levied for Health Department	2·9d.

There has been little change in the general circumstances of the Borough during the past year. Additions and alterations to the various factories, especially to those of Messrs. Courtaulds and Messrs. Listers, have provided for additional employment during stressful times in the country generally.

The unemployed ratio in Nuneaton has been a low one and the town continues to progress.

Foot and Mouth Disease during the year added to the burden of the farming industries.

The 1921 Census figures, which were published during the year, show the main employment of adults in the Borough to be :—

	Males.	Females.
Mining and Quarrying	5,756	2
Transport	1,393	39
Commercial and Finance	826	473
Metal Workers	804	155
Textile Workers	555	1575
Dress and Textile Goods	426	968
Brick Pottery, etc.	549	57
Builders	539	1
Wood and Furniture, etc.	305	9
Agriculture	293	13

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SUMMARY OF ACTIVITIES IN PUBLIC HEALTH IN NUNEATON.

There has been slight advance in the Department's activities during the year, but by concentration upon improvement of the existing provisions, we have, I believe, added to our efficiency.

Affecting the individual our activities can be summarised in that we supervise the child from birth to the age of leaving school. Beyond this age the Department plays but little part except in such diseases as Tuberculosis, Venereal Diseases and Notifiable Infectious Ailments. The control of Tuberculosis and Venereal Disease schemes are in the hands of the Warwickshire County Council, and beyond close co-operation the Local Authority plays no part in the treatment thereof.

Because we lack natal and ante-natal supervision, the Maternity and Child Welfare Scheme begins with the babe at 10 days old, and ends with its entrance to school life.

Three Health Visitors supervise the health and care of each child during this period, and two Welfare Centres are open three times a week, where the ailing child or mother may receive the advice of the doctor in attendance.

Special facilities are provided for the child suffering from eye diseases, orthopaedic diseases and minor surgical conditions. Dental provision is made for the nursing and expectant mothers. Beyond these treatments our policy is educative and preventative rather than curative.

On the child's entry to school the School Medical Service takes up the supervision of the child. This service provides for periodic examinations of all school children and for medical treatment of the minor ailment. Provisions for special treatment is made in the case of tonsils and adenoid, eye diseases, dental diseases, orthopaedic diseases, X-ray, and for ionisation of ear diseases.

For the adult special facilities are offered for the treatment of Tuberculosis and Venereal Diseases. Hospital accommodation of 35 beds is provided for infectious diseases, whilst home nursing of Pneumonia, Measles and other notifiable diseases is undertaken by the Department. An additional 8 beds are set aside at the Isolation Hospital for the treatment by sunlight of the malnutrition or pre-tubercular school child.

The care and promotion of a sanitary environment is in the hands of two Inspectors, who are now assisted by a pupil, who have during the year given special attention to the conversion of privy middens to water carriage. The abolition of these relics of a pre-sanitary age is now in sight, and no doubt in a few years' time we shall look back upon the tolerance of these death-traps as we to-day look back upon the horrible insanitary conditions that existed in the town in the middle of the 19th Century.

The multiple duties of the Inspectors cannot here be recorded, but not the least important is the supervision of a sound food supply, and there is no doubt that this work in the Borough is very efficiently carried out.

A pure and sufficient water supply to the Borough is now established.

Extension of sewerage to Galley Common, more efficient household scavenging, cleanly and dust free streets, these are needed reforms, all of which will lead to improved economic conditions of the town and of inhabitants.

Housing shortage still remains acute. The past year has seen an increase in private enterprise and private ownership of houses. To cope with the natural increase of population alone and excluding all past shortage, we require at least 100 dwelling houses a year.

The lack of domestic cleanliness and knowledge of domestic economics among not a small section of the inhabitants is a matter of real concern to those who would promote a healthy individual. Education by propaganda in these matters is called for and must form part of the Department's future activities. This, together

with natal and ante-natal supervision, education in the causation of such diseases as Heart Diseases, Respiratory Diseases, Diabetes, etc., will teach the public to act upon the principles of health rather than the cure of the disease established. This can only eventuate by an amalgamation of all the multiple health promoting agencies, Public Health, Poor Law, Factory, National Insurance and Voluntary Societies, and the willingness of the individual for a complete and periodical medical examination for the early signs and evidence of latent disease. Unified effort by all these agencies will in time sweep away the ignorance and intemperance that are playing so large a part in the causation of crippling disease.

There can be no better investment than money spent on the prevention of disease and in promoting the health of the coming generation. To-day we spend only 2 per cent. of the rates on our health activities.

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POPULATION.

44,030.

This is 620 in excess of the previous year's population.

The natural increase (excess of births over deaths) amounted to 580 persons, compared with 647 of the previous year.

Appendix I. will show the gradual increasing population of the Borough.

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BIRTH RATE.

22.6.

520 males and 476 females were born during the year, making a total of 996, which represents a Birth-rate of 22.6 per 1,000 population.

The Birth-rate continues to fall, and if we exclude the war period it is the lowest Birth-rate yet recorded in the Borough. The lowest recorded Birth-rate was in 1918, when the Borough rate was 22 per 1,000 population.

24 of the babies born were illegitimate, representing 2.4 per cent. of total births. This is .4 higher than the previous year.

Ward.	Births.	Illegiti- mate.	Birth- rate.
St. Nicholas ..	206	4	20.8
St. Mary's ..	209	5	22.3
Stockingford ..	325	7	27.8
Chilvers Coton ..	256	8	19.4
Total ..	996	24	22.6

The chief fall in the Birth-rate occurred in Chilvers Coton Ward, which fell from 23. in 1922 to 19.4 in the year under review. Stockingford Ward again returned the highest Birth-rate.

—o—

DEATH RATE.

9.4

217 males and 199 females died during the year, returning a Death-rate equivalent to 9.4 per 1,000 population. 49 of these deaths occurred in Institutions.

This is the lowest Death-rate on record in the Borough, being .4 lower than the previous year. This gradually falling Death-rate means not only a saving in lives, but also a lengthening of the expectation of life of each inhabitant of the Borough.

Ward.	Deaths.	Under 1 year.	Death- rate.	Infant Mortality rate.
St. Nicholas ..	108	17	10.8	82
St. Mary's ..	89	19	9.5	90
Stockingford ..	87	20	7.4	61
Chilvers Coton ..	132	19	10.0	74
Total ..	416	75	9.4	75.3

In addition to the above, 27 stillborn babies were notified, but these are not considered in the return of deaths.

It might be of interest here to report that Stockingford Ward returns the best Vital Statistics in the area, the lowest Death-rate, the lowest Infantile Mortality rate and the highest Birth-rate. The percentage of illegitimate births is the second lowest while the percentage of still-born children is the lowest.

—o—

INFANTILE MORTALITY.

75.3

75 children died under one year of age, thus giving the lowest number of infant deaths yet recorded for any one year in the Borough, and an Infantile Mortality rate which is the second lowest on record. It is 3 per 1,000 lower than 1922 return, but it does not yet reach the standard set by the Maternity and Child Welfare workers, who are aiming for a return not in excess of 50 per 1,000 births.

This year's returns would have been considerably lower but for a very severe epidemic of Whooping Cough which occurred in the spring of the year, causing 7 deaths in babies under one year, compared with a nil return of this disease for the previous year.

The rate of illegitimate deaths was equivalent to 125 per 1,000 births.

During the past five years 50 per cent. of infant deaths have occurred in the age group under 4 weeks, this is a matter calling urgently for action if we are to further reduce the Infantile Mortality rate. It is a noteworthy fact that while we have during the past decade reduced by half the Death-rate in the age group 1 month to 12 months, the mortality rate under one week of age is actually increasing in the Borough, while the rate under 4 weeks of age remains stationary. In other words the natal and pre-natal causes of infant deaths remain unaffected for want of more activity in the Maternity and Child Welfare schemes to cover these periods of life ; an efficient and sufficient midwifery service with antenatal supervision of the mother, and a maternity home for the complicated cases with further facilities for frequent and skilled examination of the expectant mother. It is still a too common event to find little preparation made for the child's entry into this world of strife, and the child is delivered in circumstances that, to say the least of it, must affect the shock of birth, not only to the mother but the child itself. We ought to be startled by the fact that in the past 5 years alone 199 babies have been born dead, 4 in every 100 births are still-born. What are the underlying factors in the cause of this wastage of life—too rapid child bearing, maternal syphilis, and complicated labour are not the least of these factors. It is in this first factor that Birth Control is needed, but that this Malthusian doctrine should become a policy of the Maternity and Child Welfare scheme would, I fear, be more abused than reasonably used. That it is being practised in the higher intellectual strata of the community is undoubtedly true, but the practice of self control in the lower strata is unfortunately a negative quantity not only in this matter but in most factors of their daily life. One is not satisfied that the home environment does not play a part in this, but one hopes that the gradual intellectual development of the younger generation will help in the establishment of this needed element in character.

That Venereal Diseases play a part in the neo-natal mortality is undoubtedly recognised, especially is this true in the premature still-born. If all such cases could be investigated and treated we would lessen not only the propagation of the disease but would prevent the too frequent deaths which occur in the latter months of pregnancy. Various investigations have been made in this subject and most are in general agreement that the incidence of syphilis in pregnant mothers of industrial areas approximates 10 per cent ; the incidence of syphilis in the mothers of premature still-born infants 30 per cent, and in mothers of still-born children 10 per cent. An investigation into the 27 still-born notified during 1923 showed :—

1. That this occurred chiefly in the mothers of two pregnancies.
2. Seven gave a history of previous still-born children and premature birth deaths—three of these cases had each four still-born children previously.

3. In nine cases the health of the mother during pregnancy was unsatisfactory.
4. Eighteen of these cases were notified by Midwife.
5. Ten were instrumental delivery.

Turning to the third factor of neo-natal deaths, complicated labour. No doctor or midwife wishes to deal with such cases in crowded and often dirty houses. The condition is generally not discovered until labour is well advanced, because the mother has not been skilfully examined during her pregnancy.

Every mother should have the facilities of receiving the present day experience of the "new midwifery," which begins from the date of conception until the child is healthily born. Every expectant mother should be periodically examined by a skilful Gynecologist so that early signs of complication might be discovered and provision made for their treatment. It is too late when the labour is advanced and the midwife calls in the doctor in emergency.

Last year the doctors were called in by Midwives on 55 occasions because of complicated labour and 46 times because of complications during the lying-in period.

Looking back upon the statistics of the past 5 years we find that 29 mothers died as a result of child birth, or a rate of 5.4 per 1,000 births. For the 5 years preceding the war the rate was 4.8. This certainly demonstrates the fact that a Maternity Home is a necessity, not a luxury.

It is perhaps a noteworthy fact that environment plays very little part in the deaths of infants under four weeks of age, when the deaths are due to the shock of birth and to the general debility of a new-born child. It is in the later period, 1 month to 12 months, that the environment plays a more important part in the causation of deaths. There is certainly still scope for reduction of deaths during this period, as extracts from the Health Visitors' reports will show :—

1. "Baby being fed on everything anybody advises. Improved under daily supervision of diet up to 4 weeks. Baby died at 8 months owing to malfeeding in spite of advice. Cause of death, Enteritis, 7 months of age.
2. "Under care of grandmother who states she is feeding the baby on 'bits' as she did her own baby. It appears that this grandmother lost two children from convulsions. Bad house. Baby died at two months from Convulsions."
3. "Husband objects to interference. Persuaded mother to attend Infant Welfare Centre. Gained 7 ozs. Irregular attender and is not carrying out advice. Will persist in long tube bottle. Home filthy. Baby got diarrhoea, died. Enteritis, 7 months of age.

CAUSATION OF DEATHS.

Appendix I. will show the causes of deaths during 1923, and again the return shows a fall in each disease with the exception of Whooping Cough and Diarrhoea under 2 years.

Respiratory diseases and diseases of the Heart and blood vessels again form the major return. Cancer mortality remains the same, while Tuberculosis shows a fall. Premature Birth deaths return more deaths than Cancer.

Zymotic Diseases. .90 per 1,000 population.

This rate, more than double that of 1922, is explained by the high incidence of deaths from Whooping Cough and Diarrhoea under 2 years, which were respectively responsible for 15 deaths, compared with nil in 1922, and 12 deaths compared with 4 in the previous year. This is partially counteracted by the low death-rate from Measles which returned only one death compared with eight of the previous year. Scarlet Fever, Smallpox and Enteric Fever returned no deaths, while Diphtheria was the cause of 3 deaths and Influenza 7. The continued absence of Enteric Fever in the death returns is one of the main triumphs of Public Health in the Borough, for if we turn to the reports of the Medical Officer of Health from 1850 onwards to 1900, we shall note that hardly a month passed without deaths from this infectious disease. In 1900 it was subject to a special enquiry by the Ministry of Health, and with the advancement of the sanitary environment we trust that the disease will continue to be marked by its absence.

It is doubtful whether diarrhoea under 2 years should be recorded as a Zymotic disease as it appears to result more from dietetic errors than from infection and insanitary surroundings.

Encephalitis Lethargica caused two deaths during the year, and it appears that this "new" disease will continue to take its place in Public Health administration and prevention.

Tuberculosis. .95 per 1,000 population.

This rate compares favourably with that of 1.1 of 1922, and shows the first fall after a rise in each of the preceding 3 years.

Thirty-four persons died of Tuberculosis of the lung and 8 of other forms. The chief age groups affected were the young adult (12 cases) and middle age group (15 cases).

The distribution in Wards was as follows :—

		Lung.	Other.	Total.
St. Nicholas	..	8	2	10
St. Mary	..	7	3	10
Stockingford	..	6	1	7
Chilvers Coton	..	13	2	15

Cancer. .77 per 1,000 population.

This rate compares with a rate of .76 for 1922—15 males and 19 females died during the year. A periodic examination

of the adult population, especially in the age group over 40, would lessen this return of deaths, for in the early stages of the disease it can be successfully treated, but the public still tends to harbour the complaint because of the dread of it. Education of the early signs is useful propaganda, the fact that the passage of blood in unnatural quantities, chronic swellings in the breast and elsewhere, are often the primary signs of a cancer, and call for thorough and skilled medical examination if we are to treat the disease in its early stages. If all cancers were primarily painful, the unfortunate sufferers would hasten to their doctor, and so we might hope for a lowered death-rate and a saving of intense suffering for the incurable cases. Much remains to be discovered in the causation of cancer, and until the cause can be definitely stated our only hope lies in periodic examination of the adult and treatment for the early stages of the disease. It is noteworthy that early cases of cancer are 75 per cent. curable by operation, while cases which are allowed to develop beyond this stage the percentage figure falls to 50 per cent. The percentage of cure in each case being based on a period of three years' observation.

Diabetes. .1 per 1,000 population.

The deaths from diabetes increased during the year. As in cancer, so in diabetes, the necessity for the education of the public in the early signs of the disease and the periodical examination of the adult over 40 years of age. Diabetes is ten times more prevalent in the overweighted adult than in the underweight—hence one of the dangers of overeating.

Diseases of the Heart and Blood Vessels. 1.5 per 1,000 population.

Seventy-seven persons (38 males and 39 females) died of Heart disease, Cerebral Haemorrhage and Arterio Sclerosis.

The tendency of the public to believe that these diseases are the natural sequence of civilised life is a dangerous one, especially if we are to prevent the causes that lead to such deaths. Whilst this belief may be true for the older aged group, diseases of the heart and arteries in the child and middle aged group are largely preventable, the part played by alcoholism and syphilis is now recognised in the medical fraternity, and would the public eliminate those two poisons, the repeated high return of this classification of disease would be undoubtedly lessened. Neglected infectious and Rheumatic Fever are the main causes of Heart disease in the young child, and in the year under review ten persons died of heart disease before reaching the age of 25. A review of the Nuneaton school child shows the prevalence of Rheumatism and Chorea, and when considered with the incidence of the septic teeth, septic enlarged tonsils and other septic foci, one has not far to look for the causation and subsequent lines of prevention.

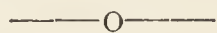
Respiratory Diseases. 1.47 per 1,000.

65 persons (43 males, 22 females) died of respiratory diseases. Of these 25 died of Pneumonia and 35 of Bronchitis. 16 deaths were in babies under 1 year of age.

These diseases still continue to take a large toll of our population. Our inclement climate with its lack of sunshine, herds the people together in their hot unventilated homes and places of amusement, the mucous membrane of the Respiratory Tract thus becomes chronically congested with resulting impaired resistance, and so on the entry of Respiratory disease bacteria the patient becomes infected with a not infrequently fatal illness.

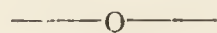
Add to these deaths, deaths from Tuberculosis and Whooping Cough, and we find that 29 per cent. of our deaths result from diseases of the respiratory tract.

To combat these diseases the people imbibe patent medicines, fondly hoping for a cure, they seldom pay attention to the diseased upper air tract, the nose, the mouth and throat, septic teeth, diseased tonsils and adenoids and lack of daily nasal hygiene, which are large factors in the causation of respiratory diseases and which return, year after year, the main cause of death. Avoid these factors in causation, congested stuffy germ laden atmospheres septic teeth, and diseased upper air tract and build up the general body resistance by wholesome food, fresh, clean air and sunshine, and we shall overcome the diseases that are killing such a large proportion of our young children and young adults.



Deaths from Premature Birth. .82 per 1,000.

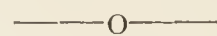
This causation of death has been discussed elsewhere, suffice it to say that these deaths are largely of a preventable nature and that natal and prenatal service is needed to combat them.



Puerperal Sepsis and Accidents of Pregnancy. 3 per 1,000 births.

This rate compares favourably with 5.6 per 1,000 births of last year, but the five years' return—1919-23—shows that 29 mothers died of childbirth, or a rate of 5.4 per 1,000 births during this period. This compares unfavourably with the pre-war rate of 4.8 per 1,000 births.

If we are to lower this high rate a Maternity Home with ante-natal supervision becomes a necessity.



SANITARY CIRCUMSTANCES.

By referring to appendices IX which gives a tabulation of the extensive work carried out by the Sanitary Inspectors, one can see the progress that has been made in the past year in promoting a healthy environment of the inhabitants. While much

is being done during stressful times, one would wish that the individual occupiers would assist in obtaining our aim of a clean and healthy environment; the personal element is frequently one of the greatest obstacles the Inspectors meet in their daily work, the lazy, indolent adult is not an infrequent nuisance but one that is slowly and surely being educated out from among us. One has only to read past reports to see the progress which has been made. A report as late as 1900 reads :—

“ There is in the town a good deal of overcrowding of build-
 “ ings upon areas, notably in the courts behind the houses on both
 “ sides of Abbey Street. The courts are reached from the main
 “ street by narrow passages, generally inaccessible to carts, and
 “ consist of a number of closely packed dwellings, many of which
 “ are not well fitted for habitation. Few of these dwellings have
 “ either sinks or wash-houses, the windows generally are not
 “ constructed to open, the walls are often damp and dirty, the
 “ roof defective and the ceilings dilapidated; garden space is
 “ absent or deficient. The older dwellings throughout the district
 “ suffer, with few exceptions, from damp. They are without
 “ damp-proof courses; eavespouting and down spouting are
 “ frequently defective, and the roofs sometimes admit rain.
 “ These defective properties are often owned separately by small
 “ freeholders who are unwilling to undertake the necessary repairs.

“ *Excrement and Refuse Disposal.*—House refuse and excre-
 “ ment are generally disposed of by means of midden privies.
 “ In some cases water closets have been erected, but the majority
 “ of inhabitants depend upon the midden privy, which is still
 “ erected in connection with new buildings, even where sewers
 “ are available. The receptacles of privy middens are not always
 “ protected from the rain, and are often sunk several feet below
 “ the surrounding ground level. During my inspection their con-
 “ tents were generally found to be moist and offensive. They
 “ are built usually of brick and mortar, and are sometimes of
 “ considerable cubic capacity. One was observed of a capacity
 “ of about 150 cubic feet, partly full of liquid and offensive filth,
 “ unprotected from the rain, and within 15 feet of the doors and
 “ windows of a dwelling. These middens when full, are emptied
 “ by the Urban District Council. sometimes not more often than
 “ four times a year. Where they are not lined with impervious
 “ material, their contents soak into and pollute the surrounding
 “ soil; and when they are situated, as is often the case, in courts
 “ inaccessible to carts, the process of emptying them causes much
 “ nuisance to the inhabitants in the vicinity.

“ The privy or water closet accommodation is not in all
 “ cases adequate for the number of persons for whom it is provided.

“ Slop water is usually disposed of by emptying it into
 “ gullies at the doors of the houses, whence it is carried to the
 “ sewers by drains. These drains are often untrapped, old and
 “ leaky, so that the surrounding soil becomes polluted with organic

“ filth, or possibly with specific matter contained in the slop water. “ In addition, a drain of this sort not infrequently passes close “ to the mouth of a well serving one or more groups of houses, “ sometimes within a foot or less. There is little doubt that to “ this cause may be attributed the organic pollution of many “ wells, to which reference will be made when the subject of “ water supply comes to be considered.”

Happily we have advanced in our sanitary circumstances since that time, but we still have crowded courts in Abbey Street, haphazard throwing of slops into the back yard, shallow wells liable to pollution and privy middens. Whilst these latter remain the town cannot be considered sanitary, and so during the past year special activity was made by the Department to abolish these and to convert all such barbarous relics to water carriage. At the present rate of progress, three years' time will see their disappearance where sewers exist, and while outlying portions of the Borough are unsewered, such as Galley Common and Bermuda, the sanitary circumstances must be impaired by their presence.

An adequate water supply from the Thornton Reservoir is now available, the next step must be the provision of adequate sewerage.

Household Refuse.—The collection and disposal of refuse is carried out by the Highways Department and disposal is by way of tips and destructor. Far too much refuse is still put into the dustbins by the uneconomical housewife, and the use of the kitchen grate as a miniature destructor for “ scraps ” is not yet universal ; this neglect increases the cost of collection.

The sub-tenant certainly adds to the difficulty of keeping the one dustbin in a sanitary state, and when two or more families reside in a house built with the facilities for one family only, collection once a week by the present method is not satisfactory. The household refuse lies scattered on the ground for flies to breed in, young children to play near, and smells of decaying matter to rise and pollute the atmosphere.

Efficient and rapid household scavenging is one of the main essentials for a healthy environment. The numerous dry ash-places, often built so near the kitchen larder will shortly, I trust, be abolished by Section 57 of the Corporation Act, which comes into force in August, 1924, this will not only be to the health interest of the inhabitants but be economical to the present high cost of collection.

During the year, by the action of the Sanitary Inspectors, 638 distbins were provided, 22 defective dry ash-places, and 83 wet ash-places abolished.

Privy Middens.—At the beginning of the year there were in the Borough 327 privies with available sewerage, and 420 where no sewers existed. By adoption of Sections 39-42 of the Public Health (Amendment) Act, 1907, the Committee launched on a

scheme whereby a grant was given to owners who agreed to convert to water carriage. This scheme worked well during the year and 83 privies have disappeared, together with the abominable wet ashplaces that polluted the atmosphere of these houses. This work of the Committee has far-reaching results in promoting healthy surroundings, and at the same time relieving the Highways Department of considerable cost in collection and disposal of nightsoil.

With the extension of sewerage to Galley Common during the coming year, another area is added to this conversion scheme, and the coming year should also see the total abolition of privies in the populated areas of the Borough.

Disinfection.—The Department no longer issues the popular disinfecting fluids to the public, the policy being to prevent, rather than to hide, the causation of the insanitary conditions, and to control the infected person rather than the disinfection of the inanimate object. A steam disinfector is available and used when necessary. A Cleansing Station for disinfetation is also available, but has not been used during the past year.

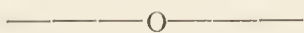
Common Lodging House.—A common lodging house of 123 beds is situated in St. Mary's Ward, maintaining a high standard of cleanliness and general hygiene, and much credit is due to the management therefore.

Public Mortuary.—This is situated at Queen's Road Depot, and during the year 5 bodies were received, upon whom 5 post-mortems were performed.

Canal Boats.—Coventry Canal passes through the Borough ; eleven inspections being made during the year for infringements of the Canal Boats Acts.

Fair Ground.—This is a source of considerable trouble to the sanitarians, and the crowding of vans that occasionally occurs thereon leads to considerable danger in the formation of a focus of infection. This ground, in its present state, is wholly unsuitable, and the matter at the time of writing is *sub judice*.

Rent Restriction Act.—11 applications were made during the year and were, with one exception, granted by the Committee ; all houses were finally rendered fit for habitation.



FOOD.

Sale of Food and Drugs Acts.—I am indebted for Appendix VII to Mr. Preston, the Chief Inspector under the County Council.

It will there be seen that 26 samples were adulterated, 11 of these were milk adulterated with dirt more than 2 parts per 100,000 ; seven were unsatisfactory dispensing of panel prescriptions ; six diluted whiskey, and two were chocolate slices containing excess of Boric Acid.

It has long been known that certain producers were selling dirty milk because of lack of cleanliness in milking, and the report of the Inspector again substantiates the need of a Grade A milk in the Borough. Proceedings were taken against the two publicans who were selling diluted whiskey, one of these cases was adjourned pending an appeal and the other was dismissed. The adulterated chocolate slices showed respectively 20 grs. and 15.9 grs. of Boric Acid per lb. This is a matter that is receiving the attention of the Ministry of Health, and is said to be mainly due to the Boric acid in the liquid eggs imported into this country.

Milk.—117 inspections were made to producers and inspections to retailers of this commodity. The following tabulation give the dealers in the Borough's milk supply :—

Cowkeepers and wholesale purveyors	...	48
Cowkeepers and Retailers	...	19
Retailers only	...	42

These are all registered under the Milk and Dairies Act, and one can safely say that with very few exceptions the standard of hygiene of premises is a good one. While there have been no applications made under the grading of milk orders during the past year, it is pleasing to report that at the time of writing Grade A milk is being distributed in the Borough. The production of Grade A milk is the first step in the right direction, and one trusts that the poorer classes, who unfortunately depend on tinned milk, will realize that bottled raw clean milk is not only more wholesome but more economical in the long run.

There is, fortunately, a growing desire both on the part of the producer and the retailer to supply a milk that will meet the standard of cleanliness we have for so long desired.

MEAT AND FOOD CONDEMNED, 1923.

Meat :—

	Number of affected carcasses.	Weight (lbs.) condemned.	
		Tubercular.	Non-Tubercular.
Beasts	39	3220	248
Calf	1	—	35
Sheep	2	—	27
Pigs	15	315	603
Total ..	57	3535	913

Sundry Foods :—

Imported eggs	..	..	448
Rabbits	..	..	123
Imported beef	..	..	239 lbs.
Fish	..	..	30 boxes.
Imported kidneys	..	..	48
Tins of milk	..	..	10

The above tabulation indicates the skilled supervision given by Mr. Mortimer to the meat supply of the Borough, and the happy co-operation given by the Master Butchers' Association necessarily adds to this efficiency ; without it the meat supply to the Borough would not be safeguarded. There is a small but certain supply of meat imported " dead " into the Borough which, unfortunately, has not been subject to inspection at slaughter—such meat cannot be guaranteed by the Public Health Department.

The Borough is supplied by a Public Abattoir of three stalls, rented to butchers and 18 private slaughter houses, 11 of which are registered and 9 licensed ; 642 visits of inspection were made during the past year to private slaughter houses and 201 to the abattoir.

The time is at hand, if we are to guarantee a meat supply free from communicable disease, when all meat shall be inspected at slaughter.

The slaughtering of pigs on private premises other than slaughter houses, is not wholesome and an effort is being made to stop the practice unless such slaughter is notified and can be inspected by the meat inspector. Whilst the keeping of pigs can be a sanitary matter it is seldom that this is so, and it is not infrequent that pigs so kept are found to be tubercular.

FOOD PREPARING PLACES.

Meats.—There are 38 premises where meat and offal are prepared for sale, such as chittlings, faggots, etc. These places are usually kept in a sanitary condition, but strict supervision is needed in some of the delinquent cases—all such premises are registered in the Borough. 110 inspections were made during the year.

Bakehouses.—35 bakehouses are registered in the Borough, to which 73 inspections were made. One would like to see the demand for wrapped bread, for the manner in which some bread is delivered into the homes leads to considerable contamination and uncleanness in one of the main articles of food of the industrial classes. Unfortunately there is no demand for wholemeal bread.

Fried Fish Places.—36 are registered in the Borough and were subjected to 22 inspections during the year. One is impressed with the keenness shown in the cleanliness of the production of this " delicacy." The demand for this food is a great one, and many a child has a pennyworth for its supper and indigestion and gastric disturbances in the morning. I have no complaint in the quality of the food supplied, my complaint lies in the failure of the parents who, rather than provide a wholesome meal for the child, provides a penny from the family purse for fish and chips, and later 2s. 6d. for a bottle of medicine to cure the result of this too often repeated neglect. This is one of the dietetic errors of this class of the population, others are tinned fruits, tinned milk, bread from refined flour, excessive tea, cocoa, oxo and preserved meats—these all form too large a proportion in the

larder of the poor folk. Fresh foods, milk and green vegetables are noted more by their absence than their presence—the cheaper foods are neglected, the storage of food is haphazard, the clean table set for “sit down” meal is allotted to special occasions only, and there is waste of food as can be seen from many a dustbin any morning in the district. Such conditions exist in certain parts of the Borough, and we cannot shut our eyes to them in this twentieth century of civilization. In this country there is a limitation of our food supply, and any wastage of food is to be whole-heartedly condemned. The knowledge of dietetics, the care of food, and domestic economics is one of the greatest needs in the education of the more ignorant section of the population. The hastening of the young girl from school into the factory, does not allow of the practical application of the knowledge of home management, learnt in the cookery classes at school, and this, followed by rapid child-bearing after marriage, accounts largely for the conditions that are to be found in many homes in the Borough.

Year by year these problems are being lessened by the propaganda and teaching by the Health Visitors in their visits to the homes of the people, but their task in this respect is a heavy one.

Open Air Market.—This continues to be directly remunerative to the local authority, and cheapness of produce therein is advantageous to the wage-earner. On aesthetic and hygienic grounds the selling of food stuffs in the open market is not to be encouraged. The quack herbalist and patent medicine merchants certainly run counter to present day knowledge of these articles, the gullible public will learn by experience, but the mediaeval witch doctor still continues to take from the already depleted purse of the home maker.

SUMMARY OF THE FOOD PREPARING PLACES.

	Registered Premises.	No. of Inspections.	Nuisances abated.
Meat Foods ..	38	110	—
Fried Fish Shops ..	36	22	3
Bakehouses ..	35	73	6
Ice Cream Places ..	16	3	—

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INFECTIOUS DISEASES.

Appendix VI gives a tabulated return of the notifiable infectious diseases during the year, together with their incidence and death rates.

The year was marked by the absence of any severe epidemic excepting the non-notifiable infectious disease, whooping cough, which was wide-spread in the spring months and caused 15 deaths in the Borough.

Measles continued from the previous year, but only one death resulted therefrom, two further outbreaks were abated and we again found the value of notification of the child under 5 years of age, and the provision of home nursing therefor.

The policy of home isolation adopted by the Committee in 1922 in lieu of hospital aggregation, and the provision of free and skilled nursing in the homes by the isolation hospital staff, has again proved its value, and has allowed of admission to hospital buildings of the pre-tubercular malnutrition school child for sunlight and fresh air treatment.

Visiting and Home Nursing of Infectious Diseases.—This is carried out by Miss Williams and her staff at the Isolation Hospital, and it is owing to the keenness and skill of the nurses that it is proving of immense value to the infected patients and of educational value in Public Health.

	Measles.	Pneu- monia.	Whoop- ing Cough.	Scarlet Fever.	Diph- theria.	Chicken pox.	Other.	Total.
Chilvers Coton	102	223	31	86	2	24	43	511
Stockingford	214	177	48	82	24	110	23	685
St. Mary's ..	69	70	48	164	44	42	5	442
St. Nicholas	118	133	59	156	33	29	32	560
Total ..	503	603	183	488	103	205	103	2198

Pathological Specimens.—These are examined at the Birmingham General Hospital free of cost to the patient or the doctor. This is a provision made by the County Council.

The results forwarded to the Health Department are as follows :—

	Positive.	Negative.
Sputum for tubercle bacilli ..	18	100
Swabs for Diphtheria ..	54	145
Widals for Typhoid ..	—	2
Wassermanns for Syphilis ..	4	2

Increasing use is being made of this service, and while one would wish to see this provision made locally, one must give full praise to the co-operation given by the Birmingham Authority.

SCARLET FEVER.

Notified	63
Attack rate	1.4 (per 1,000 population).
Admitted to Hospital ..	12
Deaths	0
Case Mortality .. ..	.00

Scarlet Fever maintained its mild form and during the year infection was limited to 63 cases, compared with 199 in the previous year. Nine cases showed complications and were admitted to hospital, two of these being acute nephritis, one empyema, and

the others glands of the neck with mild nephritis ; two other cases were admitted to hospital because of illness of the parent, and the other case was admitted at the doctor's request.

I am convinced that, taking Nuneaton as a typical industrial town, no ill effects follow the policy of home isolation if home nursing and visiting are provided. It is the practical experience that if no second case arises in the house within the first week following the first case secondary infection is rare.

I have during the past year "isolated" in crowded houses without ill effects and without secondary cases arising.

"Milne" treatment is not adopted. Contact children are allowed back to school after seven days, but are kept under observation during the isolation of the patient. There have been no school "epidemics."

This policy, which I began in May, 1922, was fully developed during 1923, and has proved economical and allowed of hospital treatment to the pre-tubercular school child without adding to the Hospital expenditure.

Home Isolation Cases.—There were 51 cases isolated at home throughout this illness, 13 of these were second cases in the house. 44 houses were infected ; one house having three cases at the time of the first notification, four houses had two cases at the time of the first notification, and the sixth house had a second case $7\frac{1}{2}$ weeks after isolation of the first case, while the balance of 38 houses had one case only.

The average number of susceptible contacts under 15 years of age was 1.9 per case, and in the five cases where the living conditions were more than two persons per room no secondary case arose. In these five cases the average number of susceptible contacts under 15 years was 3.8 per case.

The following table is of interest :—

	Contaets Under 15 years.	ACCOMMODATION.		
		Less than 1 per room.	1-2 per room.	More than 2 per room.
38 houses without secondary cases	59	15	18	5
6 houses with secondary cases	22	2	4	—

Hospital admitted cases.—12 Complicated cases were admitted to hospital in order that constant skilled treatment would be available. Secondary cases arose in two of these houses, one in a troupe of juvenile theatricals and one after $3\frac{1}{2}$ weeks of onset of the first case. There were no other contact children in the second case.

Home Nursing of Scarlet Fever.—A daily visit is now paid during the acute stage of the disease and urine samples are taken every third day for the onset of nephritis and more frequently during the third week of the infection.

488 home nursing visits were paid during the year.

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DIPHTHERIA.

Notified	28
Attack rate7 (per 1,000 populat'n)
Hospital admissions			..	0
Deaths	..	..	..	3
Death-rate	..	..	..	.07
Case Mortality	..		..	10.7 per cent.

Although there has been a slight increase of notification compared with the previous year, there has been no spread to epidemic proportions, although this was twice threatened in St. Mary's Ward.

We depend upon home isolation, the treatment by the general practitioners, and the home nursing by the Isolation Hospital staff; all home contacts are swabbed and the children excluded from school if their swabs are positive.

Antitoxin in 8,000 units is on free issue, and is used by all the practitioners.

It is also the practice to use antitoxin in clinical cases of Diphtheria before waiting the result of the bacteriological report.

Home nursing visits have been of immense value, not only in the nursing of the patient, but in the education of the patient in the necessity of absolute rest in bed until all signs of the disease have disappeared. It is far too common an event for the patient to be "up and doing" long before the effects of the disease had passed off, and this frequently led to cardiac and other complications. Prolonged after treatment by fresh air and sunlight should be given to every case of Diphtheria if we are to avoid the debilitating effects of this infection.

No resort has been made to the Shick Routine for the immunising of susceptible children. In dealing with contact carriers I have adopted the policy of exclusion from school only while the patient is isolated at home, and should such carriers remain positive at the end of this period a virulence test is carried out and exclusion continued where the virulence is positive. For such cases tonsillectomy is advised. Routine swabbing of classrooms is not carried out.

Three children died of Diphtheria during the year—one of these died before antitoxin could be given, the doctor being called in at death. The second case was too far advanced when skilled advice was sought, and died before antitoxin could take its effect. The third case died of a superadded disease.

PNEUMONIA.

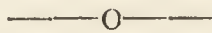
Notified	..	..	..	132
Attack rate	..	..	..	3 (per 1,000 populat'n).
Deaths	..	..	..	25
Death rate	..	..	..	.59 (per 1,000 populat'n).
Case mortality	..	..	..	19 per cent.

This is one of the most important notifiable diseases the Department has to deal with and considerable strain has been placed upon the nursing staff, who during the year paid 603 visits to these patients.

As Pneumonia is one of the chief causes of deaths it is pleasing to note that while the case mortality is high it is below the average. On receipt of notification from the Practitioner a nurse is despatched from the Isolation Hospital, and she carries out a daily nursing visit until the patient has passed the crisis ; the essentials of absolute rest and fresh air so necessary to the recovery of the patient are enforced in each case.

Pneumococcal Vaccines have now been supplied free to the Practitioners for two years, and those Practitioners who use it constantly speak highly of the value in the early cases.

Hospital provision is needed for the Pneumonia patient, especially for those patients who are confined to crowded and dirty homes, and where no facilities are available for the skilful nursing which is so essential to the patient. The early transporting of such cases to Hospital would, I feel sure, lessen the case mortality.



VENEREAL DISEASES.

Whilst it is difficult to gauge the extent of these diseases in Nuneaton, the general public holds the idea that such diseases do not exist. It is this ignorance that is dangerous in the spread of the disease.

23 patients were treated last year at the Public Clinics in Coventry and Birmingham, and a Clinic recently opened in Nuneaton has added another 17 to this total. This by no means covers all such patients and statistical indications tend to show that Nuneaton is no better and no worse than other industrial towns in this respect.

It is perhaps not generally known that 1922 statistics for England and Wales show that while 69,259 notifications were received for Tuberculosis, during the same period 73,335 new cases attended public clinics for venereal diseases. These are suggestive figures and indicate the prevalence of this serious infection in the Country.

If we are to eradicate the ravage of these diseases, every facility must be offered for free, early and confidential treatment and towards this end the County Council have now opened a clinic in Nuneaton to meet the need of the town and surrounding villages.

OPHTHALMIA NEONATORUM.

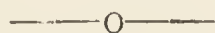
Notified.	Treated.		Vision unimpaired	Vision impaired.	Blind.	Died.
	Home.	Hospital.				
16	14	2	15	1	0	0

This is an average yearly return and is defined as a purulent discharge arising in the baby's eyes within 21 days of birth.

This is a preventable condition under the care of the doctor or midwife in attendance at birth.

In two of the cases no preventative treatment had been carried out. Both eyes were affected in 10 cases, two of whom were admitted to hospital; 9 were mild cases and rapidly responded to local treatment.

Every baby so suffering is now referred to the School Oculist for examination after treatment has been completed.

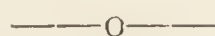


ENCEPHALITIS LETHARGICA.

Notified	..	..	..	7
Rate	..	..	..	.15
Deaths	..	..	..	2
Death-rate	..	..	..	.04
Case Mortality		..	..	28 per cent.

This disease appears to be becoming one of the yearly problems of the Health Authorities. At present our knowledge is limited; the causative organism is unknown, but that it is primarily a nasal infection is now generally suspected.

The case mortality is a high one, and perhaps not the worst feature of the disease, for not infrequently the disease leaves a mental stigma behind it, especially noticeable in the young child.



TUBERCULOSIS.

	Lungs.		Other.	Total.
Notified	..	..	..	87
Rate (per 1,000 populat'n)	1.3		.61	1.9
Deaths	..	..	8	42
Death-rate	..	..	.18	.95

During the past year tubercular disease has continued to fall both in incidence and in the death-rate, and the following Table gives an analysis of the 1923 cases ;—

Age Period.	NEW CASES.				*Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	1	—	—	1	1	—
1—5	1	—	2	5	2	—	—	3
5—10	1	4	4	2	—	1	1	—
10—15	3	—	1	4	—	—	—	—
15—20	7	4	3	1	2	5	—	—
20—25	4	10	—	2	—	3	—	—
25—35	5	8	2	—	5	3	—	—
35—45	4	2	—	—	4	2	—	—
45—55	3	1	—	—	—	4	—	—
55—65	1	2	—	—	8	1	—	1
65—over	—	—	—	—	—	1	—	—
Totals	29	31	13	14	21	21	2	4

* Deaths are not corrected for transferable deaths.

In all but 13 cases, notification was received prior to death, and considering the difficulty that is attached to the notification of tuberculosis, and to the frequent changes of residence, this is a comparatively low figure. Since 1920, 31 cases have died without being previously notified—equivalent to 7 per cent. of all cases.

I am indebted to Miss Pakes, through the County Medical Officer of Health for the following summary of patients suffering from Tuberculosis in the Borough. This summary shows that since the beginning of 1913 up to the end of 1923, there have been 941 notifications, of whom 435 are still living in the Borough, the balance having either died or left the Borough. Of these 435 238 are males; 124 are still under active treatment; 211 are receiving occasional treatment; while 100 are apparently cured. 295 of these cases are lung infection, while 141 are suffering from other forms of the disease. 181 are patients under 20 years of age.

These are interesting statistical facts that each year we add approximately 80 new patients to the already existing 435 tubercular patients in the Borough, of whom 335 are in an active state of the disease, and that each year approximately 45 patients die therefrom.

Whilst prevention policy must take prior claim over policies of treatment, the work performed in the Dispensaries by the Tuberculosis Officers of the County is one of the chief factors in preventing the above accumulative affect which would result if the work were less efficiently carried out. Prevention of Tuberculosis lies in the prevention of all those problems that cause a lowering of the resistance and stamina of the individual, lack of the principles of health in the daily life of the individual, overcrowding of houses, and, in houses, lack of the use of sunlight and fresh air, a food supply of milk and meat liable to tubercular

infection, such conditions must be remedied if we are to reduce the total claimed by this very crippling disease.

Through the courtesy of the County Tuberculosis Officer I am able to submit the following summary of the work carried out at the *Tuberculosis Dispensary*, at 35, Coton Road, Nuneaton.

I would like here to record my appreciation of the helpful assistance I have received from Dr. Cyriax, who has clinical charge of this Dispensary.

Patients under treatment at beginning of	
year	30
New patients examined during 1923	193
Found to be tubercular	58
Under supervision at end of year	12
Total attendances	832

Of the 193 patients examined, 49 showed the disease in the lungs, and 9 had the disease in other forms. 123 were not tubercular, while 12 were doubtful cases requiring further investigation. Of the lung cases 22 were in the early stage, 11 were in the intermediate stage, and 16 were in an advanced stage at the time of their first examination.

56 contacts were also examined and only one of these gave any evidence that he might be suffering from the disease.

The family history of the 58 tubercular patients was positive in 23 cases.

Cases examined at home are not included in the above figures.

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ISOLATION HOSPITAL.

Patients in Hospital January 1st, 1923	6
,, admitted during 1923	25
,, discharged during 1923	23
,, in Hospital December 31st, 1923..	8

During the year the hospital came under new internal administration with resulting lessened cost and with increased efficiency. During June and July the Hospital was closed and was re-opened to undertake the treatment of debilitated and pre-tubercular school children by sunlight and fresh air in a disused portion of the Hospital.

Into the Isolation block complicated cases of Scarlet Fever only are admitted, and also cases admitted under agreement with the Rural District.

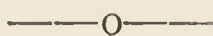
13 cases were admitted from the Rural District, three of which were not Scarlet Fever; the other 10 cases being mild uncomplicated cases. For these we received the payment of £160.

Three of the Borough cases were of acute type—2 being complicated by acute nephritis and 1 by empyema.

The total in-patient days for the year amounted to 1705, compared with 3,459 days of the previous year, while the annual cost to the Hospital, including the treatment of the pre-tubercular children, is under £1,000, being less than half of the preceding years.

I am indebted to Miss Williams and her staff for the interest and skill they have shown in their professional duties ; without this I fear the Hospital would not have reached its present day efficiency. The task that is given this staff is a heavy one when one considers that not only does the staff manage the Hospital routine, but undertakes the home nursing of all notified diseases in the Borough.

The extension of treatment to pre-tubercular school children by sunlight and fresh air has become an established factor of the Isolation Hospital, one that is not only exceedingly beneficial to the children, but one that is becoming popular and of educational value to the people by showing what can be done with the principles that we public health officers have been preaching for so many years. Suffice it here to say that the average increase in weight per child per week equalled $\frac{1}{2}$ -lb. over the period of 2 months, and this from the treatment by sunlight and fresh air and wholesome food only.



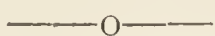
HOUSING.

I would refer the reader to Appendix XI., which gives the size of families and rooms occupied in the various types of houses at the time of the 1921 census. It will there be seen that the average number of rooms per persons throughout the Borough was 1.02 ; .5 per cent. of all families are living in 1 room ; 8.9 per cent. in two rooms ; 11.9 per cent. in three rooms ; 17.7 per cent. in four rooms ; 32.3 per cent. in five rooms ; 25.7 per cent. in 6-7 rooms ; 2.1 per cent. in 8-9 rooms ; and .9 per cent. in ten rooms or more.

The past year has seen an increase in the building of houses by private enterprise and the adoption of a scheme for tenant ownership of Council houses. The housing shortage is still acute, and one regrets the disrepair of the old property in the Borough which is increasing the burden. The rapidly increasing population is outpacing the building of houses. There can be no doubt that after the provision of sewerage and water, housing becomes the next important undertaking of a Public Health Authority. The ill-results that follow in the train of overcrowding cannot under the present circumstances be remedied without a considerable greater activity in the erection of dwelling houses. One regrets the sub-letting of the two-roomed house for the sake of a little increase in the family income or in order to pay the landlord his rent. Such conditions tend to lead to slums, for houses are constructed so as to meet the needs of one family—one kitchen, one scullery, one bathroom and one lavatory—crowd two or more

families under these provisions and you not only increase the tendency to strife, but you affect the health of the younger generation, let alone the difficulties that are attached to the nursing of the sick under such circumstances. These factors are costly, not only by loss of health, but in the upkeep of municipal services such as scavenging and water supply. The appendix under housing will show that at the time of the Census 799 families are living in two rooms or less, and that 43 families are living in one room; 575 houses have two separate families in each house, while 13 houses have three or more families in each house.

There is, of course, the tendency to compare the present living conditions with the horrible conditions of the past, and we sometimes forget that future generations who, no doubt, will be provided with gas and electrically equipped houses, will perhaps think the same of the houses built to present day requirements. We should, therefore, I believe, model our housing schemes to fit the future ideals of housing in smokeless towns.



MATERNITY AND CHILD WELFARE.

The principles maintained by the Maternity and Child Welfare Services in the Borough are mainly educational, preventative, and advisory. A tabulation of the various duties carried out during the year will indicate the extent of this very essential work of Public Health.

1.	Home visiting of babies under 1 year of age	..	5324 visits.
2.	Home visiting of babies between 1 and 2 years	..	2646 „
3.	Home visiting of babies between 2 and 5 years	..	2369 „
4.	Home visiting of expectant mothers	.. ..	332 „
5.	Two Welfare Centres held 164 sessions	.. ..	7317 attendances
6.	Home nursing of Measles under 5 years of age	..	503 visits.
7.	Home nursing of ophthalmia neonatorum	..	140 visits.
8.	Dental treatment of expectant and nursing mothers		
	—commenced November, 1923	.. ..	33 attendances
9.	Special treatment for eye diseases	.. ..	9 cases.
10.	Special treatment for Orthopaedic cases	.. ..	6 cases.
11.	Special treatment for minor surgical	.. ..	17 cases.
12.	Examination of urine specimens of expectant		
	mothers—forwarded by midwives	.. ..	81
13.	Free milk distribution for necessitous cases	..	945 pints.

The actual cost of the above services on the Borough Rate was one halfpenny.

Home Visiting.—The total home visits made by the three Health Visitors, and excluding visits for infectious diseases amounted during the year to 10,671, a factor of vast importance not only in the teaching and supervision of the care of the young babe, but also in the promotion of a health-thinking people. The supervision of the healthy baby in the home is the primary duty of the Health Visitor, and is, I believe, one of the main factors

in the cause of the reduction of the infantile mortality rate. It is significant that prior to this work being undertaken in the Borough the infantile mortality rate was 119 per 1,000 births. Other factors are also at work, but we have still a long way to go if we are to reach the aim of not more than 50 deaths per 1,000 births.

The following is a summary of the home visits where instruction on feeding and general care on the above lines are demonstrated to the mothers.

	1st visit.	Re-visit.	Total.
Under 1 year	953	4371	5324
Between 1 and 2 years ..	121	2525	2646
Between 2 and 5 years ..	82	2287	2369
Expectant mothers	155	177	332
	<hr/> 1311	<hr/> 9360	<hr/> 10671

Included in the above summary are visits to special cases of ailing babies. A tabulated summary of these will give the ailments of the young baby in Nuneaton.

	Babies under 1 year.	Babies over 1 year.	Visits.
Diseases of digestive system	71	20	256
Diseases of respiratory system	48	12	174
Diseases of skin	36	31	172
Diseases of eye	26	13	201
Diseases of ear, nose and throat	16	15	127
Infectious diseases	83	114	255
Surgical conditions :—			
Hernia			
Phimosis	56	21	198
Orthopaedic, etc. ..			
Special diseases :—			
Rickets	16	12	57
Congenital debility ..	15	4	75
Other conditions	23	19	71

The high return of infectious diseases is attributable to a severe epidemic of Whooping Cough, which caused 7 deaths and considerable mortality among the babies.

Feeding of Babies.—The Health Visitors still meets with the obstinate and unfortunate mother who will not, or cannot, accept the principles of the proper dietary and care of the baby.

The mother who fondly believes that a fat flabby baby must necessarily be a healthy baby is not often amenable to the fact that the much advertised patent farinaceous foods are not to be recommended as a diet for young babies. Legal control of such foods is called for, many of them being quite unsuitable as a baby food, and yet prominent advertisements continue to meet the eye of the not too well instructed parent. This is one of the many small factors that help to increase the morbidity rate

in our children. Nothing can replace the food that nature gives to the mother for her baby, and where this supply fails, generally through lack of ante-natal care and other preventable causes, it can only be substituted by a well balanced diet of milk, water, and necessary vitamins, and if we are to avoid rickets in all its varied forms, the addition of sunlight and general hygiene.

The following gives the condition of feeding of the baby at the time of the first visit (viz., age 10 days) :—

Breast fed	..	..	836
Hand fed	..	..	67
Hand and breast fed	..		47
Mal fed	..	..	3

234 of these babies were being fed at irregular periods between feeds. Of the artificially fed babies, 71 were being fed on raw cow's milk as a basis of diet, while 43 were on dried milk, chiefly Glaxo. It is significant that the three mal-fed babies died before the end of the year. It will be noticed the high percentage of breast-fed babies at the time of the first visit, but, unfortunately, this high percentage rapidly falls after the second month of life. That 67 babies were wholly hand fed at the 10th day of life, has many explanations, two of the main stated reasons being the lack of antenatal development of the breast and the desire of the mother for an early return to factory work. While many hand-fed babies are apparently fat and healthy, they not infrequently fall to infectious diseases or, unless careful observations are given to the principles of prevention, contract rickets in the later months of life.

Attendance at Birth.—

Midwife only	..	..	791
Doctor only	..	..	81
Doctor and Midwife	..		124

The high percentage of births attended by the Midwives is to be noted. It is becoming an established principle among the industrial classes to have the services of the Midwife at the confinement, hence the need of a highly skilled and trained midwifery service.

The time is certainly on hand when the midwife shall come under the Administrative control of the M. and C.W. Committee and perhaps employed in the same manner as are Health Visitors to-day. The two cannot be separated if we are to have the full efficiency in our Child Welfare Schemes.

It cannot be too strongly emphasised that if we are to have healthy babies and healthy uncomplicated labours, midwifery begins not at the onset of labour pains, but at the onset of pregnancy. This is not an established principle in Nuneaton. The expectant mother appears to be contented with the fact that, having engaged a midwife all is well, little realising that little troubles, which are remedial during pregnancy, may lead not only to the injury of health of the unborn babe, but frequently results in the actual death of the mother herself.

Some of the Midwives in the Borough are beginning to realise this fact and are making use of the scheme whereby the urine of expectant mothers can be examined by the Health Department. 81 samples were forwarded during the year, 13 of which showed evidence of albuminuria. This provision is not fully developed, but two of these cases led to the early diagnosis of eclampsia—one case leading to Caesarian section and the other to Hospital admission for a normal labour.

22 of the
of the Central
Wes Board.
I am indebted to Miss Pakes, the Supervisor of Midwives in Nuneaton, for the following summary of 175 notifications by the Midwives under ~~Section~~ ~~of the Midwives Act.~~

(a) Medical aid during pregnancy	9
(b) Medical aid during labour	55
(c) Medical aid during lying in period—	
(1) Adherent placenta	3
(2) Rupture perineum	5
(3) Rise of temperature	4
(4) Suspicious symptoms	3
(5) Other maladies	41
	— 56
(d) Medical aid for the infant—	
(1) Eyes	8
(2) Deformities	6
(3) Prematurity	20
(4) Other	7
	— 41
(e) Still births—	
Premature	11
Full time	7
	— 18
(f) Puerperal Fever	6

—o—

WELFARE CENTRES.

	Nuneaton.	Stockingford.
No. of babies on Register, January 1st 1923	214	115
Number of babies added during 1923	311	190
No. of babies ceased to attend ..	200	64
No. of babies on Register January 1st, 1924	325	241
Number of notified births, 1923 ..	651	342
Percentage of births attending Centre	50%	58%
Attendances	5062	2255

The percentage of new babies who are being brought to the Centres is increasing, an improvement over the previous year by 11 per cent. at Nuneaton, and by 29 per cent. at Stockingford.

The improvement is especially marked at Stockingford, who have during the past year doubled their register as compared with the previous year, a fact attributable to the keenness of the voluntary workers and to the recently appointed Health Visitor to that area. The new Centre being built at Stockingford will improve the facilities for that populous area, which is returning the highest birth rate in the Borough.

A doctor is in attendance at each Centre once a week, their Medical advice being constantly sought and keenly appreciated by the mothers.

At Nuneaton Centre 1,000 examinations of babies and 18 examinations of expectant mothers were made by Dr. Wood, and at Stockingford Dr. Forrest made 626 examinations of babies and 26 of expectant mothers.

The following is a summary of diseases for which the doctors' advice was sought and received. The actual treatment is not carried out at the Centre, the principle set being preventative rather than curative.

	Nuneaton.	Stockingford.
Examination of babies with normal health	258	99
Examination of babies with digestive complaint	303	164
Examinations of babies with respiratory complaint	86	100
Examinations of babies with skin complaints	79	34
Examinations of babies with Ear, Nose and Throat Complaint ..	43	33
Examinations of babies with Hernia and Phimosis	91	66
Examinations of babies with congenital complaints	90	58
Examinations of babies with Rickets..	33	25
Examinations of babies with Orthopaedic complaints	6	12
Examination of babies with other complaints	11	35
Cases referred to Hospital	15	17

Ante-natal Service.—No specialised service exists while the need of one becomes an urgent necessity if we are to reduce the mortality of infants and of mothers.

On the past 5 years' record 50 per cent. of our infants die under 4 weeks of age, 4 per thousand are born dead, and the death-rate under one week of age is actually increasing. The record shows that 29 mothers died in childbirth, equivalent to a rate of 5.4 per 1,000 births, a rate that compares unfavourably with the rate of 4.8 for the 5 years preceding the war. To combat these distressful facts special facilities are needed, and the opening of an ante-natal clinic is under consideration by the Committee.

Dental Service.—A dental service for expectant and nursing mothers was, with the consent of the Ministry of Health, begun in November of the year, Mr. Thomas, L.D.S. being in attendance two afternoons a month. Four sessions were held during the year, 9 mothers making 33 attendances. This is a valued and welcomed extension, one which will in time extend and bring resulting improvement in health.

—o—

CLINICS.

Service.	Situation of Premises.	Days open.	Notes.
Maternity and Child Welfare	(a) Nuneaton (temporary structure) (b) Stockingford (Wesleyan Church Rooms)	Tuesdays and Wednesdays Mondays	Doctors are in attendance at each Centre one afternoon per week. Controlled by Maternity and Child Welfare Committee
School Medical Service	Newdegate Place (converted dwelling)	Weekdays	Provision is made for Tonsils and Adenoids operations. Minor Ailments Treatment Clinic; Eye Clinic; Dental Clinic; and Ionisation Clinic. Controlled by Education Committee.
Tuberculosis	Coton Road (converted dwelling)	Tuesdays	Controlled by the Coventry & Warwickshire Tuberculosis Committee
V.D. Clinic	Central Avenue	Males—Thursdays Females—Tuesdays Daily irrigation	Controlled by Warwickshire County Council

Ambulance Facilities.—The Red Cross provide an ambulance for non-infectious cases and a horse ambulance for infectious cases is provided by the Health Department.

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HOSPITAL AND NURSING PROVISION, Etc.

Hospitals.

1. *Nuneaton General Hospital* (40 beds) is under the control of a Voluntary Committee.

401 in-patients were treated during the year, 371 being surgical cases, chiefly fractures, injuries and appendicitis. The average number of beds occupied was 26.2, and the average stay in hospital 24 days.

It is pleasing to note the extension of the premises and the undertaking of specialised work, such as X-ray.

2. *Isolation Hospital* (30 beds). This is dealt with elsewhere in the report.
3. *Poor Law Infirmary*.—Under the Board of Guardians.
4. *Bramcote Hospital* for tuberculosis in advanced stage.
5. *Pinley Hospital* (Coventry) for Smallpox, by arrangement with Coventry Health Committee.

Medical Treatment.—This is in the hands of 12 practitioners, ^{who} and three are not in private practice.

Treatment of the sick patient is available through the usual channels :—

1. Private Practitioner.
2. National Insurance.
3. Public Medical Service.
4. Poor Law.
5. Minor Ailments through the agency of Public Health Medical Services.

Nursing.

- (a) *General*.—Two nurses are employed by the Nuneaton District Nursing Association, which was formed at the instigation of the Health Committee in October, 1922.
- (b) *Infectious Cases*.—Home nursing of all notifiable infectious disease is undertaken by the Health Department. This is reported upon elsewhere in the report.

Midwives.—There are 13 independent Midwives in the Borough, none of whom are subsidised by the Council ; 4 Midwives are untrained.

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APPENDIX I.

SUMMARY OF STATISTICS, 1923.

Population	44030
Birth Rate	22.6
Death Rate	9.4
Infant Mortality Rate	...	...	...	...	...	75.3
Number of Births	...	...	...	...	...	996
Number of Deaths	...	...	...	...	...	416
Number of Infant Deaths	...	...	...	...	...	75
Death Rate of Respiratory Diseases	...	...	...	...	...	1.47
„ „ Tuberculosis	...	...	...	...	...	.95
„ „ Cancer	...	...	...	...	...	7.7
„ „ Zymotic Diseases	...	...	...	...	...	.90
Notification of Scarlet Fever	...	...	...	...	...	63
„ „ Pneumonia	...	...	...	...	...	132
„ „ Tuberculosis	...	...	...	...	...	87
„ „ Diphtheria	...	...	...	...	...	28
No. of deaths from Measles	...	...	...	...	...	1
„ „ Scarlet Fever	...	...	...	...	...	—
„ „ Diarrhoea (under 2)	...	...	...	...	...	12
„ „ Child Birth and Puerperal Sepsis	...	...	...	...	...	3
Number of Inspections by Sanitary Inspectors	...	...	...	...	...	6058
Visits by Health Visitors	...	...	...	...	...	10671
Number of Babies in attendance at Centres, Jan., 1924	...	...	...	...	...	566

APPENDIX II.

VITAL STATISTICS.

1901 -1923

Year.	Popula- tion.	No. of Deaths.	No. of Births.	No. of Infant Deaths.	Death- Rate.	Birth- Rate.	Infantile Mortal- ity.
1901	25,239	362	943	136	14.3	37.3	144
1902	26,084	364	903	117	13.9	34.6	131
1903	27,182	386	935	142	14.2	34.8	151
1904	28,159	423	1024	149	15.0	36.3	144
1905	29,709	384	977	113	12.7	32.8	115
1906	32,255	420	1043	167	13.0	32.3	160
1907	32,580	377	1026	138	11.5	30.1	134
1908	33,706	355	1163	110	10.5	34.5	94
1909	36,041	378	1135	104	10.4	31.2	91
1910	37,267	375	1200	117	10.0	32.2	97
Ten year Average	30,822	382	1034	129	12.5	33.6	126
1911	37,531	446	1173	133	11.8	31.2	113
1912	38,725	438	1155	120	11.3	29.6	103
1913	39,636	467	1166	122	11.7	29.4	104
1914	40,091	526	1200	143	13.1	29.9	119
1915	38,652	542	1053	123	14.0	27.2	116
1916	40,908	436	1008	79	11.5	24.6	78
1917	42,004	440	958	92	11.6	22.8	96
1918	40,817	602	891	90	16.5	22.0	100
1919	41,146	434	936	86	10.9	22.7	92
1920	41,128	397	1220	102	9.6	29.5	83
Ten year average	38,697	472	1076	109	12.2	26.8	100
1921	41,901	416	1135	76	9.9	27.0	66
1922	43,410	427	1062	83	9.8	24.4	78
1923	44,030	416	996	75	9.4	22.6	75

APPENDIX III.

WARD STATISTICS.

1923.

WARD.	Population.	Dwellings, December, 1923.	Average persons per house.	DEATHS.				BIRTHS.					
				Number of deaths.	Death- rate.	Infant deaths.	Infantile Mortality rate.	Number of Births.	Birth- rate.	Illegiti- mate Births.	Percentage of illegiti- mate Births	Still- born.	Percentage of Still- born.
St. Nicholas	9941	2143	4.62	108	10.8	17	82	206	20.8	4	1.9%	7	3.3
St. Mary's ..	9278	1824	5.07	89	9.5	19	90	209	22.3	5	2.4%	6	2.8
Stockingford	11640	2162	5.37	87	7.4	20	61	325	27.8	7	2.1%	5	1.5
Chilvers Coton	13171	2671	4.92	132	10.0	19	74	256	19.4	8	3.1%	9	3.5
Totals ..	44030	8800	5.0	416	9.4	75	75.3	.996	22.6	24	2.4%	27	2.7%

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APPENDIX IV.
CAUSES OF DEATHS.
1923.

Cause of deaths.	Male.	Female.	Totals.
Enteric Fever	—	—	—
Smallpox	—	—	—
Measles	—	1	1
Scarlet Fever	—	—	—
Whooping Cough	10	5	15
Diphtheria	3	—	3
Influenza	5	2	7
Enecephalitis Lethargica	2	—	2
Meningitis	—	—	—
Tuberculosis—Lungs	13	21	34
Other type	4	4	8
Cancer	15	19	34
Rheumatic Fever	—	1	1
Diabetes	3	2	5
Cerebral Haemorrhage	14	13	27
Heart Disease	20	23	43
Arterio Sclerosis	4	3	7
Bronchitis	18	17	35
Pneumonia	20	15	35
Other respiratory diseases	5	—	5
Uleer of stomach	1	—	1
Diarrhoea (under 2 years)	4	8	12
Appendicitis	1	3	4
Cirrhosis of Liver	2	—	2
Nephritis	2	4	6
Puerperal Sepsis	—	1	1
Accidents of Pregnancy	—	2	2
Premature Birth, etc.	23	13	36
Suicide	2	1	3
Violence	7	4	11
Other diseases	39	36	75
Ill-defined „	—	1	1
Totals	217	199	416

APPENDIX V.
ANALYSIS OF INFANT DEATHS.
1923.

Cause of Death.	under 1 week.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks	1-3 mths	3-6 mths.	6-9 mths.	9-12 mths.	Total under 1 year.
Whooping Cough..	—	—	1	—	1	1	1	3	1	7
Tuberculosis ..	—	—	—	—	—	—	—	—	2	2
Meningitis.. ..	—	—	—	—	—	—	1	—	—	1
Convulsions ..	—	—	—	—	—	1	—	—	—	1
Laryngitis.. ..	—	—	—	—	—	1	—	—	—	1
Bronchitis.. ..	—	—	3	—	3	4	1	1	—	9
Pneumonia	—	—	1	—	1	2	—	2	—	5
Diarrhoea	—	—	—	—	—	—	—	2	—	2
Enteritis	—	—	1	—	1	1	1	2	—	5
Suffocation ..	—	—	1	—	1	1	—	—	1	3
Injury at Birth ..	3	—	—	—	3	—	—	—	—	3
Atelectasis ..	1	—	—	—	1	—	—	—	—	1
Malformation ..	—	—	1	—	1	—	—	—	—	1
Premature Birth	10	3	6	1	20	1	1	—	—	22
Marasmus, etc. ..	2	1	1	—	4	—	2	—	—	6
Other Causes ..	1	2	1	—	4	—	1	1	—	6
Total ..	17	6	16	1	40	12	8	11	4	75

APPENDIX VI.

RETURN OF NOTIFIABLE INFECTIOUS DISEASES.

Disease.	WARD RETURNS.				Total.	Attack rate per 1000	Cases to Hosp'l.	No. of deaths
	St. Nicholas	St. Mary.	Stock- ingford.	Chilvers Coton.				
Scarlet Fever	17	14	20	14	65	1.8	12	—
Diphtheria ..	9	9	3	7	28	.7	—	3
Pneumonia ..	16	40	34	42	132	3.0	2	25
Measles ..	9	9	47	12	77	1.7	—	1
Puerperal ..								
Fever ..	1	3	2	—	6	.1	2	1
Erysipelas ..	4	1	6	2	13	.2	—	—
Encephalitis								
Lethargia	3	1	1	2	7	.15	1	2
Chickenpox ..	12	9	28	31	80	1.8	—	—
Ophthalmia								
Neonatorum	7	—	5	4	16	.3	2	—
Tuberculosis—								
Lungs ..	14	18	20	16	60	1.3	—	34
Other ..	3	6	8	10	27	.61	—	8

Measles was made a notifiable infectious disease on October 1st by the Nuneaton (Measles and German Measles) Regulations, 1922, whereby all first cases of Measles, etc., in a house (provided the child is under 5 years of age) becomes notifiable.

Chickenpox was made a temporarily notifiable disease during the year.

APPENDIX VII.

SAMPLES TAKEN UNDER FOOD AND DRUGS ACT, 1923.

Sample.	Total.	Genuine.	Adulterated
Milk	59	48	11
Cream	1	1	—
Butter	2	2	—
Chocolate Slices	2	—	2
Coffee Essence	1	1	—
Sponge Sandwiches	4	4	—
Sponge Fingers	1	1	—
Custard Powder	1	1	—
Egg Powder	1	1	—
Sweet Spirits of Nitre	1	1	—
Camphorated Oil	4	4	—
Castor Oil	3	3	—
Citrate of Magnesia	1	1	—
Tincture of Quinine	3	3	—
Glycerine	1	1	—
Prescriptions	10	3	7
Whisky	19	13	6
	124	88	26

The adulterated milk samples contained more than 2 parts of dirt per 100,000

APPENDIX VIII.

NUISANCES ABATED, 1923.

Dwelling Houses.

Plaster of walls and ceilings repaired	...	...	31
Roofs repaired	...	...	47
Chimneys re-pointed	...	...	57
Spouting repaired or new provided	...	...	39
Filthy houses cleansed	...	...	33
Rotten wooden floors made good...	...	...	24
Quarry floors relaid or repaired	...	...	14
Staircases repaired	...	...	2
Windows and window frames repaired	...	...	6
Windows made to open	...	...	10
Window cords renewed	...	...	2
Fireplace repaired	...	...	3
Coppers repaired or rebuilt	...	...	22
New sink pipe fixed	...	...	1
Sinks refixed	...	...	9

Drainage, etc.

Yard paving repaired	...	...	6
Drainage cleared from obstruction	...	...	241
Drainage inspection covers provided or repaired			9
Cesspools provided	...	...	2
Pigsties provided with drainage	...	...	2

Closest Accommodation.

Water closet cisterns repaired	...	...	51
New water closet cisterns provided	...	...	27
Water closets thoroughly repaired	...	...	65
Privies converted into water closets	...	...	83
Additional water closets provided	...	...	4

Domestic Refuse.

Dry ashplaces abolished	...	...	22
Dustbins provided or repaired	...	...	638

Other Nuisances.

Offensive accumulation removed	...	...	24
Nuisances from keeping poultry abated	...	...	4
Various	...	...	22

1500

APPENDIX IX.

INSPECTIONS BY SANITARY INSPECTORS, 1923.

To Dwelling Houses.

Various causes	...	...	...	...	...	174
Re infectious disease	...	...	...	...	...	89
Verminous houses stoved	...	...	...	...	...	5
Yards and courts	...	...	...	...	...	110
Applications under the Rent Restriction Act	...					11
Applications to take in lodgers, Corporation houses	...	...	...	...	...	22
Applications, house transfers, Corporation houses						53
For drain testing	...	...	...	...	...	38
For samples of pump water sent for analysis	...					4

To other Premises.

Factories and Workshops	...	...	...	...	...	33
Lodging Houses	...	...	...	...	...	7
Schools	...	...	...	...	...	7
Canal Boats	...	...	...	...	...	11
Knacker's Yard	...	...	...	...	...	2
Offensive Trades	...	...	...	...	...	22
Petrol and Carbide Licences	...	...	...	...	...	82
Van Grounds and Van Inspections	...	...	...	...	...	49
Re Shops Act	...	...	...	...	...	29

To Food Preparing Places.

Meat Preparing places, Fish and Chips, etc.	...					110
Slaughterhouses	...	...	...	...	...	642
Dairies, Milkshops and Cowsheds	...	...	...	...	...	117
Abattoir	...	...	...	...	...	201
Bakchouses	...	...	...	...	...	73

Miscellaneous Visits 3998

Various matters reported to Highways Department	37
Waste of water reported to Water Department...	25

6058

Letters sent (re nuisances)	651
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APPENDIX X.

LIST OF FACTORIES, WORKSHOPS AND OUTWORKERS.

Factories.

Description of Factory.	St. Mary's.	St. Nicholas.	Stocking- ford.	Chilvers Coton.	TOTAL.
Hosiery	2	1	—	—	3
Clothiers	2	1	—	1	4
Needle Making	—	1	—	—	1
Boot Making	—	1	—	—	1
Hat Making	1	—	—	—	1
Boot Repairing	—	2	—	—	2
Shoe Heel Making	2	—	—	—	2
Cardboard Box Making	1	—	—	—	1
Leather Making	—	1	—	—	1
Weaving	—	4	—	—	4
Sports Requisites	—	2	—	—	2
Dye Works	—	1	—	—	1
Engineering	2	1	—	3	6
Timber Works	—	1	1	—	2
Wool Spinning	—	1	—	—	1
Printing	—	4	—	—	4
Flour Mills	—	1	—	—	1
Electricity Works	—	—	—	1	1
Laundry	—	1	—	—	1
					—
					39

Workshops.

Tailoring... ..	1	4	—	1	6
Millinery	1	6	—	—	7
Dressmaking	—	3	2	6	11
Carriage Builder	—	2	—	—	2
Wagon Builders and Re- pairers	—	2	2	—	4
Carpenters	1	2	—	1	4
Boot Repairers	1	3	—	1	5
Saddlers	—	1	—	—	1
Shoeing Smiths	—	1	—	—	1
Cycle Repairers	1	4	—	2	7
Scale Repairer	—	1	—	—	1
Bakers	8	16	6	7	37
Watch Repairers	—	1	—	—	1
Photographers	—	—	—	1	1
Electricians	1	—	—	—	1
Gut Scraper	—	1	—	—	1
Welder	1	—	—	—	1

APPENDIX XI.

HOUSING CONDITIONS—CENSUS 1921.

	1-3 rooms.	4-5 rooms.	6-8 rooms.	9 or more rooms.	Total dwell'gs	Total rooms
Undivided Private Houses ..	904	4376	2586	116	7982	40247
Divided Private Houses ..	—	—	2	1	33	23
Shops, Inns and Public Houses	27	237	149	23	436	2367
Others (e.g. residential Hotels)	4	13	2	3	22	114
Total	935	4626	2739	143	8443	42751
Occupied by 1 private family	926	4263	2439	130	7758	38954
„ 2 „ families	3	324	241	7	575	3146
„ 3 „ „	—	6	6	1	13	80
Vacant on Census night ..	6	33	53	5	97	571
Total private families ..	932	4929	2940	147		

At the time of the Census there were 103 houses in course of erection.

APPENDIX XII.

HOUSING STATISTICS, 1923.

Number of New Houses erected during the year :—

(a) Total	...	...	...	...	...	89
(b) As part of a Municipal Housing Scheme...	...	...	...	...	...	Nil.

Unfit Dwelling Houses.

Inspection—

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	174
(2) Number of dwelling houses which were inspected and recorded under the Housing (inspection of district) Regulations, 1910	...	...	...	...	...	—
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	6
(4) Number of dwelling houses (exclusive of those referred to under preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	168

Remedy of Defects without Service of Formal Notice.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers...	141
--	-----	-----	-----	-----	-----

Action under Statutory Powers.

(a) Proceedings under Section 28 of the Housing and Town Planning Act, 1919	—
(b) Proceedings under Public Acts	—
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	33
(2) Number of dwelling houses in which defects were remedied—	
(a) By owners	141
(b) By Local Authority in default of owners	—
(c) Proceeding under Section 17 and 18 of Housing, Town Planning, etc., Act, 1909	—

APPENDIX XIII.**SANITARY CONVENIENCES: ASHBINS, Etc.***Nuneaton Ward—St. Nicholas.*

	Dry Ash-pipes.	Sewers available.		Sewers not available.	
		Ashpits.	Privies.	Ashpits.	Privies.
Attleborough Road	2	—	—	—	—
Anker Street	6	—	—	—	—
Abbey Gate	1	—	—	—	—
Abbey Street	13	3	6	—	—
Back Street	2	—	—	—	—
Bond Gate and Street	5	—	—	—	—
Broad Street	—	—	—	—	—
Burgage	3	—	—	1	1
Bridge Street	2	—	—	—	—
Church Street	8	—	—	—	—
Cooper Street	—	—	—	—	—
Glebe Road	1	—	—	—	—
Higham Lane	2	—	—	1	3
Hinckley Road	5	—	—	7	14
High Street	—	—	—	—	—
King Edward Road	5	—	—	—	—
Leicester Road	2	—	—	—	—
Market Place	6	—	—	—	—
Mill Walk	2	—	—	—	—
Newdegate Street & Place	4	—	—	—	—
Oaston Road	5	—	—	1	1
Orchard Street	9	—	—	—	—
Pool Bank Street	10	—	—	—	—
Queen's Road	3	—	—	—	—
Regent Street	3	—	—	—	—
Seymour Road	9	—	—	—	—
Stratford Street	—	—	—	—	—
Vicarage Street	1	2	3	—	—
Weddington Lane	1	—	—	3	4
Wheat Street	9	—	—	—	—
Total	119	5	9	13	23

Attleborough Ward—St. Nicholas.

			Dry		Sewers available.		Sewers not available.	
			Ash-places.		Ashpits.	Privies.	Ashpits.	Privies.
Avenue Road	...	...	—		—	—	3	3
Attleborough Road	...	...	9		1	1	—	—
Bull Street	...	...	—		—	—	—	—
Brook Street	...	...	—		—	—	—	—
Freer Street	...	...	1		4	5	—	—
Garrett Street	...	...	6		—	—	—	—
The Green	...	...	4		—	—	—	—
George Street	...	...	2		—	—	—	—
Gadsby Street	...	...	72		—	—	—	—
Hall End	...	...	3		—	—	—	—
Highfield Road	...	...	—		—	—	—	—
Kem Street	...	...	5		1	3	—	—
Lutterworth Road	...	...	—		1	1	8	10
Lister Street	...	...	17		—	—	—	—
Park Street	...	...	10		—	—	—	—
Park Avenue	...	...	3		—	—	—	—
Tennant Street	...	...	11		—	—	—	—
William Street	...	...	21		—	—	—	—
Total			164		7	10	11	13

Stockingford Ward.

Arbury Road	...	...	15		8	9	—	—
Bede Road	...	...	—		—	—	—	—
Church Road	...	...	17		6	9	—	—
Croft Road	...	...	11		3	4	—	—
Cross Street	...	...	—		—	—	—	—
Clifton Road	...	...	—		—	—	—	—
Eadie Street	...	...	—		—	—	—	—
Granby Road	...	...	1		—	—	—	—
Grove Road	...	...	40		—	—	—	—
Haunchwood Road	...	...	13		12	32	—	—
Herbert Street	...	...	8		—	—	—	—
Hill Street	...	...	—		—	—	—	—
John Street	...	...	—		3	11	—	—
Meldrum Road	...	...	—		—	—	—	—
North Street	...	...	—		—	—	—	—
Priory Street	...	...	—		—	—	—	—
Short Street	...	...	—		—	—	—	—
St. Paul's Road	...	...	—		—	—	—	—
Tomkinson Road	...	...	—		—	—	4	4
Whittleford Road	...	...	7		9	18	—	—
Webb Street	...	...	14		—	—	—	—
Westbury Road	...	...	—		—	—	—	—
Whitehouse Crescent	...	...	—		—	—	—	—
Total			126		43	83	4	4

			Sewers available.		Sewers not available.	
			Dry Ash-places.	Ashpits. Privies.	Ashpit.	Privies.
<i>Galley Common.</i>						
Bucks Hill Road	...	20	7	12	—	—
Camp Hill Road	...	—	—	—	4	4
Chancery Lane	...	1	2	2	—	—
Galley Common	...	—	—	—	12	23
Hickman Road	...	—	—	—	14	25
Plough Hill Road	...	6	1	1	8	12
Rappers Hole	...	—	—	—	2	5
Robinson's End	...	—	—	—	8	11
Tunnell Road	...	—	—	—	54	109
Total	...	27	10	15	102	189
<i>St. Mary's Ward.</i>						
Abbey Street & Upper	...	18	—	—	—	—
Abbey Place	...	—	2	4	—	—
Aston Road	...	7	1	2	—	—
Abbey Green	...	8	1	4	—	—
Bottrill Street	...	10	4	14	—	—
Bath Road	...	—	—	—	—	—
Charles Street	...	11	—	—	—	—
Clarence Street	...	16	—	—	—	—
Countess Road	...	—	—	—	—	—
Central Avenue	...	—	—	—	—	—
Corporation Street	...	—	—	—	—	—
Duke Street	...	30	—	—	—	—
Earls Road	...	—	—	—	—	—
Fife Street	...	44	—	—	—	—
Friary Street	...	—	—	—	—	—
Graham Street	...	—	—	—	—	—
James Street	...	8	—	—	—	—
Jodrell Street	...	25	—	—	—	—
Midland Road	...	12	5	10	—	—
Manor Court Road	...	12	1	1	—	—
Meadow Street	...	3	—	—	—	—
Manor Court Avenue	...	1	—	—	—	—
Mount Street	...	7	—	—	—	—
Mount Street Passage	...	4	—	—	—	—
Merevale Avenue	...	—	—	—	—	—
Manor Park Road	...	—	—	—	—	—
Queen's Road	...	21	7	11	—	—
Stoney Road	...	1	—	—	—	—
Stanley Road	...	37	—	—	—	—
St. Mary's Road	...	—	—	—	—	—
Tuttle Hill	...	6	2	2	1	3
Toler Road	...	—	—	—	—	—
Willington Street	...	36	—	—	—	—
York Street	...	6	—	—	—	—
Total	...	325	23	48	1	3

				Sewers not available.	
				Ashpits.	Privies.
				Sewers available.	
				Ash-pits.	Privies.
				Dry Ash-places.	
<i>Chilvers Coton West.</i>					
Arbury Road	...	...	—	—	—
Arbury	...	...	2	—	—
Arbury Lane	...	...	1	—	—
Astley Lane	...	...	—	—	—
Ansley Road	...	...	—	—	—
Bull Ring	...	...	1	5	6
Bermuda	...	...	—	—	—
Coventry Road	...	...	1	—	—
College Street	...	...	10	10	24
Griff Village	...	...	—	—	—
Harefield Lane	...	...	—	—	—
Heath End Road	...	...	12	18	21
The Lawns, Arbury	...	...	—	—	—
Mill Gardens	...	...	—	—	—
Total	...	...	27	33	51
				101	192

<i>Chilvers Coton East.</i>					
Alexandra Street	...	...	—	—	—
Avenue Road	...	...	3	—	—
Arthur Street	...	...	—	—	—
Bridge Street	...	...	4	3	6
Bracebridge Street	...	...	—	—	—
Coton Road	...	...	23	7	13
Cheverel Street	...	...	27	—	—
Chapel Street	...	...	2	—	—
Dugdale Street	...	...	12	—	—
Coventry Road	...	...	—	1	2
Deacon Street	...	...	—	—	—
Edward Street	...	...	41	—	—
Fitton Street	...	...	18	—	—
Frank Street	...	...	—	—	—
George Eliot Street	...	...	—	—	—
Henry Street	...	...	—	—	—
Harold Street	...	...	—	—	—
John Street	...	...	—	—	—
Marlborough Road	...	...	—	—	—
Norman Avenue	...	...	—	—	—
Princes Street	...	...	9	1	2
Princes Avenue	...	...	—	—	—
Riversley Road	...	...	—	—	—
Stewart Street	...	...	24	—	—
Shepperton Street	...	...	—	—	—
Victoria Street	...	...	15	—	—
Windsor Street	...	...	6	—	—
Queen's Road	...	...	4	—	—
Totals	...	...	188	12	23
				2	2

TOTALS.

			Dry		Sewers available.		Sewers not available.	
			Ash-places.		Ashpits.	Privies.	Ashpits.	Privies.
Nuneaton St. Nicholas			119		7	12	13	23
Attleborough	...	...	164		7	16	11	13
St. Mary's	...	...	323		22	46	1	3
Stockingford	...	...	126		38	83	4	4
Galley Common	...		27		9	13	102	189
Chilvers Coton E.	...		188		16	23	—	—
„ „ W.	...		31		33	51	101	192
Totals	...	...	976		132	244	231	423

PROGRESS OF PRIVY MIDDEN CONVERSIONS DURING
THE PAST FOUR YEARS.

Polling Districts.	Ashpits.					Privies.				
	1920	1921	1922	1923	Total	1920	1921	1922	1923	Total
St. Nicholas	1	7	6	1	15	1	14	7	2	24
Attleborough	2	5	13	9	29	5	10	17	10	42
St. Mary's	2	1	14	7	24	5	1	15	13	34
Stoeckingford	4	5	3	19	31	7	6	12	30	55
Galley Common	—	—	—	7	7	—	—	—	13	13
Chilvers Coton East ..	2	—	2	5	9	4	—	3	10	17
Chilvers Coton West ..	4	6	5	3	18	4	9	8	5	26
	15	24	43	51	133	26	40	62	83	211

